



SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT
BY A CANDIDATE'S COMMITTEE
(\$1,000 CONTRIBUTIONS OR MORE)

State Form 48492 (R4 / 11-05)
Indiana Election Commission (IC 3-9-5-20.1; 3-9-5-22)

(CFA-11)

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-11
REPORT

2

COMMITTEE INFORMATION

1. Full Name of Candidate (include any nickname) <input type="checkbox"/> Check if this is a new name SCOTT ALLAN FADNESS		2. Committee Telephone Number (317) 610-6106	
3. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address PO BOX 287			
4. City FISHERS	State IN	ZIP Code 46038	5. Party Affiliation or If Independent Candidate REPUBLICAN
6. Office Sought (include district number, if any. Not required for exploratory committee.) FISHERS MAYOR			7. County of Residence HAMILTON
8. Reporting Period: From: 4/12/2014 Through: 5/4/2014			

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; NONE for all entries which are not one of the above categories.

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)		TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED
Classification				RECEIVED BY
PAC	1. CITIZENS FOR EXCELLENCE IN GOVT ONE INDIANA SQUARE, BOX 82001 INDIANAPOLIS, IN 46282 Contributor's Occupation (if applicable)	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	\$1,000.00	5/2/2014
IND	2. ALLEN E ROSENBERG 9675 MARINA VILLAGE DR INDIANAPOLIS, IN 46256 Contributor's Occupation (if applicable) DEVELOPER	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	\$1,000.00	5/2/2014
NONE	3. KITTLE'S FURNITURE 8600 ALLISONVILLE RD INDIANAPOLIS, IN 46256 Contributor's Occupation (if applicable)	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	\$1,000.00	5/2/2014

CERTIFICATION

I, _____, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS

Title	Date (MM-DD-YY)
	Date (MM-DD-YY)

Not to be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who fails to file a complete or accurate report is a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil

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HAMILTON COUNTY CLERK
PEGGY BEAVER
2014 MAY -5 AM 8:45
FILED



**SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT
BY A CANDIDATE'S COMMITTEE
(\$1,000 CONTRIBUTIONS OR MORE)**

State Form 48402 (R4 / 11-05)
Indiana Election Commission (IC 3-9-5-20.1; 3-9-5-22)

(CFA-11)

FILE NUMBER

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COMMITTEE INFORMATION

1. Full Name of Candidate (include any nickname) <input type="checkbox"/> Check if this is a new name SCOTT ALLAN FADNESS		2. Committee Telephone Number (317) 610-6106	
3. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address PO BOX 287			
4. City FISHERS	State IN	ZIP Code 46038	5. Party Affiliation or If Independent Candidate REPUBLICAN
6. Office Sought (Include district number, if any. Not required for exploratory committee.) FISHERS MAYOR			7. County of Residence HAMILTON
8. Reporting Period: From: 4/12/2014 Through: 5/4/2014			

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; NONE for all entries which are not one of the above categories.

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)		TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED RECEIVED BY
Classification IND	1. JAMES RICHARDS 4790 E 98TH STREET INDIANAPOLIS, IN 46240 Contributor's Occupation (if applicable) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) _____	\$1,000.00	5/2/2014
Classification	2. _____ Contributor's Occupation (if applicable) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) _____		
Classification	3. _____ Contributor's Occupation (if applicable) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) _____		

I CERTIFY THAT I HAVE
TRUE, CORRECT AND
Signature of Treasurer

Signature of Candidate

Warning: Any information
person who knowingly files
report as required by the
penalties. (IC 3-9-4-16, IC

MY KNOWLEDGE AND BELIEF IT IS

Date (MM-DD-YY)

5/2/2014

Date (MM-DD-YY)

5/2/2014

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